



Large Jail Network Bulletin

NIC Update:

Agencies Cooperate to Create Jail-Based Services for Mentally Ill Offenders

by **Linda Wood,**
Correctional Program
Specialist, NIC Jails Division,
Longmont, Colorado

The de-institutionalization of state mental hospitals in the 1970s released thousands of former patients into the community. At about the same time, state psychiatric hospitals made their involuntary admission practices more restrictive. For the past twenty years, therefore, local communities have been forced to assume an increased portion of the burden of providing assistance in housing, education, job training, and mental health services to individuals who are mentally ill. Local jails, in turn, have also had to assume more responsibility for the mentally ill.

Individuals with mental illnesses, especially the homeless, frequently become involved with the criminal justice system. The average person in the criminal justice system who is

teen and forty who is poorly educated and sporadically employed. These individuals often end up in jail, in prison, or under community supervision. Without diversion options or support from the mental health community, the local jail must process, identify, house, and supervise large numbers of persons with mental illnesses.

Scope of the Problem

There are more than ten million admissions to local jails each year. Current estimates are that 6 to 8 percent of those committed to jails are mentally ill. This means that between 600,000 and 800,000 persons with mental illnesses are booked into jails every year. Some of these individuals are subsequently sentenced to prison or released to community supervision.

Although corrections must meet the legitimate medical and mental health needs of all inmates, the field has

neither the resources nor the mission to become the primary treatment facility for individuals

with mental illnesses who have no resources.

Persons with mental illness who come into contact with the criminal justice system are a particularly vulnerable group. Their vulnerability stems, in part, from the stigma associated with being both mentally ill and criminal. Other factors also make it difficult for this population to obtain services:

- A lack of knowledge about mental illness on the part of law enforcement and corrections staff;
- A lack of knowledge about the criminal justice system on the part of mental health practitioners;
- A shortage of appropriate mental health services; and
- A lack of coordination among agencies to provide opportunities for case management, supervision, housing, mental health and substance abuse services, and job training.

The plight of these individuals is not a problem for just the criminal justice system, but also for the community as a whole. The criminal justice system and the mental health community must work together to address this issue.

The NIC/CMHS initiative promotes the idea that mental health agencies and jails need to work together in partnership to address the needs of incarcerated individuals.

suffering from mental illness is a white male between the ages of eight

Federal Agency Collaboration
Recognizing the need to provide leadership on the federal level, the NIC Advisory Board directed NIC to

work with the Center for Mental Health Services (CMHS), an agency within the U.S. Department of Health and Human Services, to

develop programs addressing this issue. NIC has entered into a memorandum of understanding with CMHS and has developed a technical assistance program for jurisdictions wishing to implement or enhance jail-based mental health services.

Policy Statement: Mental Health Services in Jails

The following is a policy statement adopted by the National Institute of Corrections Advisory Board on March 9, 1994.

The Advisory Board of the National Institute of Corrections recognizes that between 600,000 and 800,000 jail admissions each year are of mentally ill persons. They represent 6 to 8 percent of the 10 million annual jail admissions in the United States.

Dramatic increases in the jailing of mentally ill persons over the past two decades have resulted from: 1) deinstitutionalization of state mental hospitals; 2) more restrictive requirements for involuntary admission into state psychiatric hospitals; and 3) unprecedented growth in both the jail and prison populations generally.

The Advisory Board of the National Institute of Corrections is concerned that local jails are inappropriately becoming primary residential treatment facilities for indigent persons with mental illnesses. Thus, the Advisory Board recommends that communities observe the following four principles when devising strategies for developing mental health services for jails.

1. Mentally ill persons are the responsibility of the community, not the jail. Community mental health agencies, not jails, should have primary responsibility for treating individuals with mental illness.
2. Jails are and should remain correctional facilities.
3. Jails must provide professional, high quality services to meet the legitimate medical and mental health needs of all inmates, but it is inappropriate for them to become treatment facilities for the mentally ill.
4. Jail mental health services should be directed primarily towards identification, crisis intervention, and the development of community linkages to ensure continuing care upon release. ■

Project Activities

A range of activities, developed jointly by CMHS and NIC, have been designed to address mental health and corrections issues.

Jail Resource Centers. Jails in Lucas County (Toledo), Ohio, and Alexandria, Virginia, have been chosen to serve as Jail Resource Centers for mental health. The resource centers are not "model" programs, but they do have the essential components of an effective mental health program. These include intake screening, crisis intervention, suicide prevention, and discharge planning/case management. By participating in site visit technical assistance at the Jail Resource Centers, jurisdictional teams will be able to observe programs, talk to staff, and review policies and procedures.

Mental health workshops. NIC is conducting two workshops per year in conjunction with the Jail Resource Centers. The first were held in June and September 1994. The workshops have been designed to promote the provision of mental health services in jails through a systems perspective. Jurisdictions participating in the

workshops send a team, to include representatives from both the mental health field and the jail. Follow-up technical assistance is offered to qualified jurisdictions.

Issues forum. An issues forum took place November 9-10, 1994, in San Francisco, California. Participating were local teams including jail administrators from small, medium, and large jails and mental health providers. During two work group sessions, participants addressed important questions such as:

- What is the basic mental health service package needed in the jail?
- What does linkage to community-based services really mean?
- Who are the players in my community from whom I need a buy-in, and how do I get it?
- How can we respond to the special needs of women detainees?

Newsletter on mental health. A quarterly mental health newsletter is being developed, to include articles written by both corrections and mental health practitioners. Newsletter contributions may include case studies, innovative programs, and announcements of upcoming workshops and conferences.

Technical assistance. NIC will offer two types of technical assistance to jurisdictions that are interested in improving their mental health services.

- **Site visit technical assistance** will enable jurisdictional teams of mental health and correctional administrators to visit other facilities with strong mental health services.
- **On-site technical assistance** will make it possible for a qualified consultant to travel to a jurisdiction to provide assistance with a specific aspect of its mental health program.

Each of these initiatives promotes the idea that mental health agencies and jails need to work together in partnership to address the needs of incarcerated individuals. Through this collaborative NIC/CMHS effort, mental health practitioners will be introduced to issues surrounding the operation of a jail. At the same time, jail staff will have the opportunity to learn how to respond to incarcerated individuals who are mentally ill. The project will assist jails in developing and implementing approaches that are consistent with the appropriate role for the jail in the community.

For additional information, contact Linda Wood, Correctional Program Specialist, NIC Jails Division, 1960 Industrial Circle, Longmont, Colorado, 80501; (800) 995-6429. ■